Be Well Natural Medicine
***PLEASE FAX PATIENT RECORDS *, 2136 Ford Pkwy Box 173**
St. Paul, Minnesota, US - 55116

Be Well Natural Medicine Informed Consent and Clinic Policies

BE WELL NATURAL MEDICINE CLINIC POLICIES

These policies are for Be Well Natural Medicine, LLC, its employees and any independently-contracted Naturopathic Doctor who provides services at any Be Well Natural Medicine location. Last update July 2022

PAYMENT

We do not accept insurance or bill insurance on patients' behalf. Payment for services is due in full at the time of visit. Payment for visits is by credit card/HSA/FSA cards only, due at the conclusion of the appointment. We require a current card kept on file. Current rates apply regardless of consultation format (in person, phone or video), and are subject to change.

FEE SCHEDULE FOR ALL APPOINTMENTS: IN PERSON, BY PHONE OR BY ZOOM VIDEO CONFERENCE

Initial appointments are billed at a flat rate and typically run 60-90 minutes for ages 13 and up, and 60-75 minutes for ages 12 and under. We will reserve the maximum time for your initial appointment; your duration may vary. Follow up appointment billing reflects the actual duration of the appointment rounded up to the nearest 15 minute increment, with a 30 minute minimum.

New Patient Appointment - Adult (ages 13 and up)

Dr. Orchard: $425
Dr. Vilensky: $425
Dr. Pellegrino: $325
Dr. Kearney: $325

New Patient Appointment - Pediatric (ages 12 and under)

Dr. Orchard: $350
Dr. Vilensky: $300
Dr. Pellegrino: $250
Dr. Kearney: $250

Naturopathic Medicine - Follow Up Appointments - All Ages

Abbreviated Follow Up Visit (less than 30 minutes):

All doctors: $150

Please note: Abbreviated appointments are scheduled by (and at the sole discretion of) providers solely for patients needing appointments more frequently than a typical follow up interval. They are not a shorter substitute for a standard appointment. Contact the front desk to request scheduling.

Abbreviated Follow Up Visit for all ages (less than 45 minutes):

All doctors: $200

Please note: Abbreviated appointments are scheduled by (and at the sole discretion of) providers solely for patients needing appointments more frequently than a typical follow up interval. They are not a shorter substitute for a standard appointment. Contact the front desk to request scheduling.

Standard Follow Up Visit for all ages (up to 60 minutes)

Drs. Orchard and Vilensky: $250
Drs. Pellegrino and Kearney: $225

Extended Follow Up Visit for all ages (up to 75 minutes):

Drs. Orchard and Vilensky: $275
Drs. Pellegrino and Kearney: $250

Extended Follow Up Visit for all ages (up to 90 minutes)

Drs. Orchard and Vilensky: $300
Drs. Pellegrino and Kearney: $275

Other

Childhood vaccination education (60 minutes)
$200

Supplements: Cost varies by item.

Labs: Cost varies by test.

CONFIDENTIAL COLLABORATIVE CARE

The doctors at Be Well Natural Medicine (the Clinic) are independent contractors who share similar philosophies and clinical training, as well as an Electronic Health Records platform. Our collective knowledge can help us identify root causes and treat difficult cases better and faster than any single provider. Confidential patient health records are accessible to all doctors and administrative support staff at the Clinic. Additionally, when medically necessary the doctors at Be Well may consult with each other within the clinic regarding your care, including diagnoses, lab results, current and proposed treatments, clinical notes and any other records in your file. As a patient at the Clinic, you consent to allow all practitioners at the Clinic to store your medical records on a joint Electronic Medical Records account. Therefore, you authorize each practitioner at the Clinic to see all of the medical records from any other practitioner at the Clinic for the purposes of collaboration and case conferencing when necessary. Your privacy is extremely important to us and unless required by law your records will not be released outside our clinic without explicit written permission given by you or your authorized representative.

REFUND AND RETURN POLICIES

APPOINTMENTS

There are no refunds for completed appointments in any format (in person, phone or video).

LABS

All return requests for uncompleted labs are subject to a $35 returned lab fee, and refunds or credits are subject to the following return windows:

Within 90 days of purchase: in house credit less a $35 fee

Within 30 days of purchase: either in house credit or refund paid by check mailed via USPS. Please allow 30 days for internal clinic accounting if a refund check is being issued.

Patients must provide a receipt as well as the original lab orders with their return request. There are no refunds after 30 days. Patients are responsible for following specimen collection instructions for at-home tests; please contact us with questions prior to collection - there are no credits or refunds for user error. Labs are non-transferable. For billing inquiries related to labs billed directly by the processing laboratory (e.g. Neurovanna or Spectracell) please contact that company's billing department.

SUPPLEMENTS

Unopened supplements purchased through our front desk may be returned on a case by case basis, subject to approval. Please contact the front desk in advance to request a return. If approved, credit will be applied towards a future office visit or supplement charge. There is no refund on supplements.

Supplements purchased via Fullscript are eligible for return to FullScript per FullScript's Return Policy. See www.support.fullscript.com for information.

BE WELL INFORMED CONSENT AND AGREEMENT

Naturopathic medicine is founded on the belief that the body has the innate ability to heal itself. Naturopathic doctors combine the wisdom of nature with the rigors of modern science. Naturopathic doctors look at more than symptoms; we seek to identify the underlying cause of the symptoms. Naturopathic doctors assess the whole person and consider the physical, mental and emotional expression of wellness and disease. Gentle, non-invasive techniques are often used to stimulate the body’s ability to heal itself. Following are some of the approaches that may be used: physical examination and diagnostic assessment; ordering and interpreting labs; nutrition, diet and lifestyle counseling; botanical medicine; homeopathy; high quality supplement recommendations and naturopathic physical manipulation. Therapies recommended by the doctors may not be FDA-approved.

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I hereby request and consent to services rendered and treatment provided by the doctors at Be Well Natural Medicine. I recognize that they are board certified Naturopathic Doctors registered by the Minnesota Board of Medical Practice and that their services are not meant to replace or be a substitute for those of a medical doctor. I understand that the doctors advise that I seek concurrent care of a primary care physician licensed in Minnesota. I have the right to refuse any treatment suggested that I am uncomfortable with. The doctors have the right to treat me within the scope of their practice and the right to refuse treatment or make referrals to outside practitioners if they feel that they may be of service to my case.

INITIALS AND SIGNATURE REQUIRED BELOW

AFTER READING EACH ITEM BELOW, PLEASE INITIAL IN THE SPACE PROVIDED. IF I HAVE QUESTIONS OR CONCERNS ABOUT THE CONTENT OF THIS FORM, I AGREE TO CONTACT BE WELL NATURAL MEDICINE PRIOR TO INITIALING AND SIGNING AT EITHER bewellhelpdesk@gmail.com or 612-440-7710.

1.) I understand that even the gentlest of therapies can cause complications or side effects. As in conventional medicine, the practice of naturopathic medicine carries risks of treatment, which may include but not be limited to: allergic reaction to supplements or botanical medicines, aggravation of preexisting symptoms and risk of pharmaceutical/supplement interaction. To reduce these risks, I agree that it is my responsibility to inform the doctors of any diseases or allergies I have, as well as any medications or supplements that I am currently taking.

INITIAL HERE * _____

2.) I agree to inform the doctors if I have a bleeding disorder, pacemaker or cancer.

INITIAL HERE * _____

3.) I do not expect the doctors to be able to anticipate and explain all risks and complications. I wish to rely on the doctors to exercise their judgment in my best interest, based upon the facts then known. I understand that results are not guaranteed.

INITIAL HERE * _____

4.) I understand that a record will be kept of the health services provided to me. This record will be kept confidential and will not be released to others without my expressed written consent or if required by law. I understand that I may look at my medical record at any time and may request a copy. I understand that information from my record may be analyzed for research purposes and that my identity will be protected and kept confidential.

INITIAL HERE * _____

5.) I understand that I will be charged for appointments according to the fee schedule, and that there are no refunds for completed appointments. Follow up appointment billing reflects the actual duration of the appointment rounded up to the nearest 15 minute increment, with a 30 minute minimum.

INITIAL HERE * _____

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6a.) I agree to alert the doctors if I have a suspected or confirmed pregnancy, since some of the the recommended therapies could present a risk to the pregnancy. OR -

6b.) This item will not ever apply to me due to my physiology or sex (initial NA please).

INITIAL HERE * _____

7.) I affirm that I understand I must either initially establish care face-to-face in office, or establish care via telehealth as a Minnesota resident physically within state boundaries at the time of the initial appointment. Be Well Natural Medicine is not able to establish care via telehealth for people residing outside the state of Minnesota at the time of the initial appointment. Non-Minnesota residents must have one in person visit annually to maintain active patient status. Failure to accurately and completely represent my state of residence can result in termination of care without refund for services already rendered.

INITIAL HERE * _____

I acknowledge that I have read and fully understand this consent form. If needed I have also had an opportunity to ask questions about its content. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment from the doctors at Be Well Natural Medicine.

PATIENT NAME * _____

PATIENT OR GUARDIAN SIGNATURE * _____

DATE: * _____